

4-22-98 B5248 c  
**FILE NOW. FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Apr 22 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P96000090869 (4)**  
 1. Corporation Name  
**JESSE JAMES SEMINARS, INC.**



Principal Place of Business  
**5279 ISLA KEY BLVD.  
 SUITE #313  
 ST. PETERSBURG FL 33715**

Mailing Address  
**5279 ISLA KEY BLVD.  
 SUITE #313  
 ST. PETERSBURG FL 33715**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip  
 24 Country

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip  
 29 Country

**P.O. Box 66535**  
**ST. PETE BEACH, FL**  
**33736 USA**

3. Date Incorporated or Qualified  
**11/06/1996**

4. FEI Number  
**65-0715445**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**JAMES, JESSE  
 5279 ISLA KEY BLVD.  
 SUITE #313  
 ST. PETERSBURG FL 33715**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
**FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	JAMES, JESSE H	
STREET ADDRESS	5279 ISLA KEY BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL 33715	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	YOUNG, BERNADETTE	
STREET ADDRESS	2800-59TH CIRCLE SO.	
CITY-ST-ZIP	ST. PETERSBURG FL 33712	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAVENS, RICHARD	
STREET ADDRESS	1595 CORAL WAY S.	
CITY-ST-ZIP	ST. PETERSBURG FL 33705	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CORNEALIUS, GEORGE	
STREET ADDRESS	718 SO. HOWARD AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHWARTZ, JOHN	
STREET ADDRESS	145 MARINA DEL RAY	
CITY-ST-ZIP	SAND KEY FL 34630	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POOLE, DON	
STREET ADDRESS	3409 WEST LEMON, #6	
CITY-ST-ZIP	TAMPA FL 33609	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 4-15-98 913-86-1583

CR2E034 (10/97)